

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or

City of Geoke

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 213

County Registrar No. _____

Local Registrar No. 25

No. Tomb Edix St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kenneth Eugene Allen { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth Jan 31-1926
Month Day Year

8. FATHER
Full name Oakley Calvin Allen

9. Residence (Usual place of abode) Geoke
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Marionville Mo
(State or country)

13. Occupation Clerk
Nature of Industry in Ford Garage.

14. MOTHER
Full maiden name Gladys Larkin

15. Residence (Usual place of abode) Geoke
If non-resident, give place and state.

16. Color or race White
17. Age at last birthday 22 (Years)

18. Birthplace (city or place) El Paso Tex
(State or country)

19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother { (a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0 } 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:05 m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature W. W. Hord M.D. (Physician or midwife).
Address Geoke Ariz

Given name added from a supplemental report _____
Month, day, year _____

Filed Jan 31, 1926 W. W. Hord Local Registrar.
County Registrar _____

Registrar

215-131-735